



Louisville Metro Revenue Commission

Annual Federal Employee Occupational License Tax Return

2020

Form
I-2 CHECK IF CHANGE IN ADDRESS IS BELOW

Last name		First name		MI	Employer Account ID (only if requesting a refund)
Address (number and street)				Unit/Apt. no.	Your Account ID (only if tax is due)
City, town, or post office		State	Zip code		Social Security Number
Email		Phone no.	Ext.	Tax Year Ending	

Income earned Outside Louisville Metro, KY	Applies only if at least 5% of time worked was spent outside Louisville Metro, KY. Please use the formula below to compute any deduction for wages earned outside of Louisville Metro, KY.				
	A	Number of days worked outside Louisville Metro, KY		A	
	B	Total number of days worked (excluding holidays, vacation, & sick days)		B	
	C	Percentage of days worked outside Louisville Metro, KY (Divide A by B)		C	%
	D	Total gross earnings (including deferred compensation and non-cash fringe benefits)		D	\$.00
	E	Income earned outside Louisville Metro, KY (Multiply D by C)		E	\$.00

Wage Information	1.	Total gross wages per Box 5 or Box 18, whichever is greater on Federal Form W-2 (including deferred compensation)	1.	\$.00
	2.	Salary, wages, and other compensation earned outside of Louisville Metro, KY (Line E)	2.	\$.00
	3.	Salary, wages, and other compensation subject to occupational tax (Line 1 minus Line 2)	3.	\$.00

Occupational Tax Calculations	Amount of line 3 subject to each tax (See Instructions)			
	Louisville Metro & Mass Transit (Line 3 x .0145)		School Board (Line 3 x .0075) Louisville Metro Residents Only	
4.	A	\$.00	B	\$.00

Tax Due Calculations	5.	Tax Due (Residents: Line 4a + 4b, Non-Residents: Line 4a)	5.	\$.00
	6.	Amount withheld by employer or prepaid	6.	\$.00
	7.	Balance Due (Line 5 - Line 6)	7.	\$.00
	8.	Penalty & Interest (see instructions)	8.	\$.00
	9.	Total Amount Due (Line 7 + Line 8)	9.	\$.00
	10.	Overpayment to be refunded (If Line 6 > Line 5)	10.	\$.00

Non-Resident Statement	Must be completed if claiming refund as a non-resident of Louisville, Metro KY.			
	I hereby certify that the address listed below is my permanent home and residence.			
	Address (number and street)			Unit /Apt. no.
	City	State	Zip Code	Since when

Non-Resident military personnel	I hereby certify that I am a non-resident, military personnel claiming exemption of my service pay from state and local taxation under the Soldiers and Sailors Civil Relief Act. The address listed below is my permanent home and residence.			
	Address (number and street)			Unit /Apt. no.
	City	State	Zip Code	Since When
Certification Statement	I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.			
	Applicant Signature			Date
	Print Name			

IMPORTANT

ELECTRONIC FILING: Register for electronic filing. It is an easy, secure, and convenient way to file and pay taxes on-line. For more information log on to <https://www.metrorevenueservices.org>

Mail Form I-2, along with a copy of Form W-2. If form W-2 is not attached to this tax return a delay will occur if requesting a refund.